

**Year 1
Direct Support Professional Training**

Resource Guide

Internet Version



Session #4

Wellness: Medications

**Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Positive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Key Words

In this session, the key words are:

- Prescription
- Pharmacy/Pharmacist
- Medication
- Medication Self-Administration
- Adverse Reactions
- Side Effects
- Drug Interactions (including food and alcohol)
- Medication Recording (and storage)

Cautionary Statement

The material in this module is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This module highlights medication. This module does not cover all situations, precautions, interactions, adverse reactions, or other side effects. A pharmacist can assist you and the doctor with questions about medications. We urge you to talk with pharmacists, nurses and other professionals (e.g., dietitians) as well, to broaden your understanding of the fundamentals covered in this module.

Your In-Class Review Notes

Here are some review questions about the presentations and activities for this class session.

1. **What are the Five Rights to be followed when assisting individuals with medication?**
2. **Is it ever okay to package up a dose of medicine to be taken when away from the home?**
3. **When can "as needed" medicine, including over-the-counter remedies, be administered?**
4. **In your own words, what is an adverse drug interaction or side effect? How should you respond?**

5. It is important to communicate with physicians, pharmacists, nurses and other health care professionals about an individual's medications?

☐ True ☐ False

6. It is important to have a system to communicate changes in an individual's medication to DSPs and to the individual.

☐ True ☐ False

7. Medications are one of the most potentially dangerous aspects of providing services and supports to individuals living in the home where you work.

☐ True ☐ False

8. You need to know and be aware of potential side effects of medications.

☐ True ☐ False

9. You need to know about and watch for potential adverse reactions or side effects of medications.

☐ True ☐ False

10. Best practices includes documentation of each dose of both prescription and non-prescription (over-the-counter) medications?

☐ True ☐ False

Information Brief

Assistance with Medication

Introduction

In this module, we cover:

- Assisting with the **self-administration of medications**, with some attention to **basic pharmaceutical terminology and symbols**;
 - **Recognizing (by observation) side effects and interactions**, and **responding** appropriately;
 - Correct **handling of medications within the home** (e.g., **ordering, storing, recording**, and **destroying** unused or outdated medications); and
 - Some **common medications**, their purposes (**prescribed uses**), and **known side effects**.
- Over-the-counter medications which can be purchased without a prescription.
 - Vitamins, naturopathic remedies, and homeopathic remedies are all medications.

Some Reasons Why Learning About Medications Is Important

Many medications do a lot of good. However, medications or drugs may also cause harm. Knowing about medications, their use and abuse, and how to assist individuals in using them, is vital to the health and well-being of those you serve.

Sometimes when a person takes a medication, it might make them feel confused, dizzy, anxious, or cause change in one or more of the body functions (for example appetite, sleep, elimination). This is called an unwanted effect or side effect from the medicine. It is not uncommon for two or more medications to interact with one another causing an unwanted side effect.

Medications

Medications are powerful substances which many of us have come to depend on as an important part of our lives. Medications are substances taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure. Medications include the following:

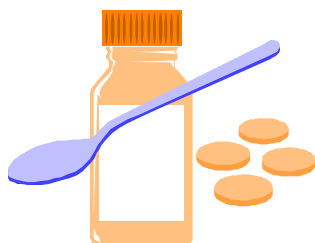
- Prescription medications which must be ordered by a physician (or other person with authority to write prescriptions).
- In order for the physician to prescribe the best treatment and medication, he or she needs to be informed of the person's medical history, any drug allergies, current

medications the person is taking and the purpose, medical and dental conditions, and observations of recent physical or behavioral changes.

In addition, it is a good idea to get all prescriptions and over-the-counter medications at the same pharmacy or drug store so the pharmacist can maintain an active listing of all medications and check for potential drug-drug or food-drug interactions.

Consider the following:

- ✓ The Food and Drug Administration estimates that hospitalization resulting from inappropriate prescription drug use costs the nation \$20 billion annually.
- ✓ Seventeen percent of hospitalizations of elderly Americans are the result of adverse side effects.
- ✓ Of the 2.3 billion prescriptions that are filled annually, approximately one half are not taken properly.
- ✓ Americans' failure to take their medications as instructed costs more than \$100 billion a year in increased hospital and nursing home admissions, lost worker productivity, and premature death.



Abbreviations and Symbols Related to Medications Usage

A variety of abbreviations and symbols used by health care professionals that you may see and need to know are listed below:

q. (Q)	=	Every
Oz.	=	Ounce
d.	=	Day
tsp.	=	Teaspoon (or 5 ml.)
h.	=	Hour
Tbsp.	=	Tablespoon (3 tsp., or 15 ml.)
b.i.d.	=	Twice a day
gr.	=	grains
t.i.d.	=	Three times a day
mg.	=	milligrams
q.i.d.	=	Four times a day
GM, gm.	=	grams (1,000 mg.)
h.s. (HS)	=	Hour of sleep (bedtime)
Cap	=	Capsule
p.r.n.	=	when necessary, or as needed
Tab	=	Tablet
A.M.	=	Morning
OTC	=	Over-the-counter
P.M.	=	Afternoon/evening
Rx	=	Prescription
Qty	=	Quantity

Labels

California law requires the following information on all prescription labels:

- ✓ Pharmacy/pharmacist name and address;
- ✓ Prescription number or other means of identifying the prescriber (used in requesting refills);
- ✓ Name of medication;
- ✓ Strength;
- ✓ Directions for how to use the medication;
- ✓ Patient's name;
- ✓ Manufacturer;
- ✓ Name of person who prescribed the medication;
- ✓ Quantity (for example, number of pills, or other measurement of the amount of the prescription); and
- ✓ Date the prescription was filled.

Most pharmacies also include:

- ✓ Expiration or discard date;
- ✓ Number of refills remaining; and
- ✓ Condition for which prescribed, if the physician conveys that information to the pharmacist.

A medication label will typically state (1) name of the medication; (2) the form (e.g., cap, tab, fluid); (3) the content or volume (e.g., 200 mg tabs); (4) how many units are to be administered (or taken) at a time (the *dose*); and (5) when that dose is to be administered (or taken). Here is an example:

<u>Name</u>	<u>Unit</u>	<u>No. of units to be taken (dose) and when</u>
TEGRETOL	200 mg tabs	2 tabs at 7a.m.; 2 tabs at 2p.m.; and 1 tab at 9p.m.

In this example, the person is taking five 200 mg tabs (or 1,000 mg) per day: If a medicine interacts with food or drink, the prescriber (or pharmacist) will point that out, and may say “not with meals; take at least one hour before eating or two hours after.”

If the label doesn't have all of the information it must have, ask the pharmacist (or the physician) to add the needed information. **Do not “scratch out” or write over or change a drug label in any way.** Just take it back to the pharmacy, and have them make any necessary changes to the label. If the prescriber has orally changed the prescription (e.g., dose change, or timing change), be sure (1) to write the change down; (2) ask the physician to send the change to the pharmacist; (3) note the change on a Drug Administration Sheet or Log; and (4) affix a sticker (without covering the drug label) to the package, alerting staff to a change. Pharmacists have such stickers; ask for a few.

A Typical Label

ABC Memorial Pharmacy

RX 577524

Dr. McDaniel

7/28/97

Amoxicillin 500 mg

#30 capsules

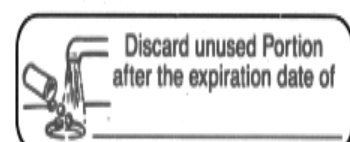
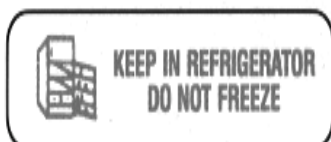
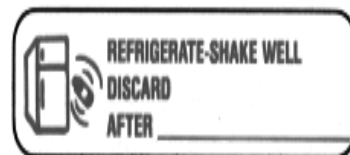
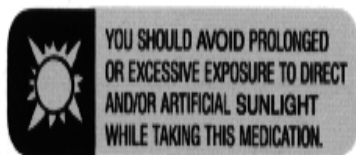
Take 1 capsule 3 times daily for 10 days.

Expires: 8/3/97

No refills

Discard after: 8/3/01

Common Label Warnings



Activity: Prescription Label Exercise

What problems can you identify in the following prescription labels numbered 1-4?
(NOTE: These labels do not include name, address, and phone number of pharmacy, number of refills remaining, and name of manufacturer.)

No.	Today is . . .	Label (partial)	Problem(s)
Ex.	00/00/00	Rx number Prescriber's name Patient's name Date prescribed/filled Name of medication and strength Directions for how to use the medication Quantity (e.g., number of pills) in prescription Expiration date	None- Example has necessary information
1.	2/24/99	Rx# 325-486 Dr. Jones John Raymond 10/30/97 FOLIC ACID Take one tablet orally daily. Qty: 100 tabs Discard after	
2.	2/24/99	Rx# 765-432 Dr. Molina Susan Jones 12/15/98 Chlorpromazine 25 mg tablets For: THORAZINE Take 1 tablet as needed. Qty: 20 tabs Discard after 12/15/01	
3.	2/24/99	Rx# 123-456 Dr. Watson Sydney Smith 6/30/97 Meclizine 25 mg tablets For: ANTIVERT Take 1 tablet every four hours as needed for dizziness Qty: 30 tabs Discard after 9/30/98	
4.	2/24/99	Rx# 001-002 Dr. Smith Jose Arriba VICODIN Take 2 tablets as needed for pain or headache Qty: 100 TABS Discard after _____	

Key Points When Assisting With Medications

In a Community Care Facility, the DSP can only assist with self-administration of medication. Only a licensed health professional can administer medications. A physician must document an individual's ability to safely self-administer medications without assistance from the DSP. In order to safely and effectively assist individuals with medications, the DSP must:

- Assure that all medications are correctly self-administered.
- Watch carefully for adverse reactions and other side effects;
- Document changes in the illness or behavior, and in symptoms, adverse reactions, other side effects and apparent interactions in the individual's record.
- Bring this information to the attention of appropriate persons (for example, administrator of the home, nurse, the individual's physician, other DSPs) in a timely manner and be sure it is acted upon.
- When accompanying a person on a physician visit, or getting a prescription filled, ask the physician and the pharmacist questions to get necessary information about the medication: **what is the name of the medication?; when to take it?; what food or drinks should be avoided?; and, are there any side effects?**
- Read up on any medications being considered or prescribed.

Getting More Information (Books, Web Sites)

Most bookstores will have *The PDR (Physician's Desk Reference)*, which is the most comprehensive source of information on prescription drugs. It is fairly expensive (\$75 - \$100). There are a number of other excellent sources. Ask the individual's physician or pharmacist to recommend one. Here are a few to consider:

Donald Sullivan, *The American Pharmaceutical Association's Guide to Prescription Drugs* (Signet: October 1998), \$5 - \$10.

Springhouse Corporation, *Nursing 99 Drug Handbook* (Springhouse: July 1998), \$35 - \$40.

United States Pharmacopoeia, *Complete Drug Reference: 1999* (Annual) (Consumer Reports Books: 1999), \$25 - \$40.

H. Winter Griffith, *Complete Guide to Prescription & Nonprescription Drugs, 1999* (Serial) (Perigee: November 1998), \$10 - \$20.

Physician's Desk Reference, *The PDR Pocket Guide to Prescription Drugs* (Pocket Books: January 1999), \$5 - \$10.

Physician's Desk Reference, *The PDR Family Guide to Over-The-Counter Drugs* (Three Rivers Press: December 1998), \$15 - \$25.

<http://www.intelihealth.com> This is home for Johns Hopkins Health Information.

<http://www.fda.gov> This is the web site for the United States Food and Drug Administration.

Information Brief

The Five Rights

The Five Rights are basic to assisting with medications. The DSP needs to be sure he/she has the:

- ☐ Right Person
- ☐ Right Medication
- ☐ Right Dose
- ☐ Right Time
- ☐ Right Route

This procedure is a “must” each time the DSP assists with any medication - including those which a person has been taking for a long time and will probably continue to take for a long time. An example might include medications to control seizures or high blood pressure. There is always a possibility that some change has been ordered that you are unaware of, or that you accidentally removed the wrong container.

Right Person

In order to make sure that you have the right person, you have to know the person. If you are not certain that you are assisting the right person, seek assistance from another staff member who knows the identity of the person.

Right Medication

In order to make sure you have the right medication for the right person:

- Check for the name of the person on the pharmacy label.
- Double check the label to make sure that you have the right medication for the right person before actually giving the medication to the individual.

Right Dose

Be sure you assist with the right dose by checking the pharmacy label to make sure of the dose.

Right Time

When a physician prescribes a medication, he/she will specify how often the medication is to be taken. Some medications must be self-administered only at very specific times of the day, for instance, before meals, one hour after meals, at bedtime, etc. It is very important that medications be self-administered as prescribed.

Right Route

The pharmacy label should state the route by which the drug should be self-administered other than oral. Follow the route directions carefully.

If you have any doubt as to whether the medication is in the correct form as ordered, or can be self-administered as specified, consult with the prescribing physician or your pharmacist.

In the case of pills (tablets, capsules, caplets, etc.), the right route is “oral”, that is, the medication enters the body through the mouth. Dermal patches and ointments are applied to the skin. Some sprays are taken in through the nose, others through the mouth. Place eye drops in the eyes.

In licensed Community Care Facilities, when a more intrusive route is involved, for example, an injection or suppository, because of the risks involved, a person can only be assisted by a licensed health professional.

Good practice

The use of a Medication Log as a way to prevent medication errors is strongly recommended. The Medication Log should, at a minimum, contain information about an individual’s medications (strength, form and dose) and list times for administration. The DSP should write down the date and time and initial for each dose of medication for which the DSP assisted. Refer to the sample Medication Log. The following best practice guidelines are written assuming the use of a Medication Log.

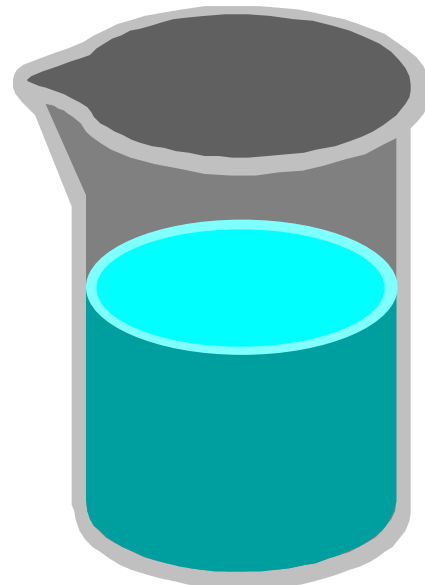
Preparation

Here are several things to do, to minimize medication errors:

- ✓ Get the Medication Log for the individual you are assisting.
- ✓ Put out all the necessary items, for example, water and a glass or any other necessary items.
- ✓ Always prepare medication in a clean and well lighted area.

- ✓ Allow plenty of time (to avoid rushing) and stay focused.
- ✓ Prepare and assist in a quiet place, to minimize distractions.
- ✓ Make sure labels are readable and correct.
- ✓ Always wash your hands before assisting with medications.

Only one DSP should be assisting an individual with medications at any given time and that DSP should be allowed to focus only on the medications.



Information Brief

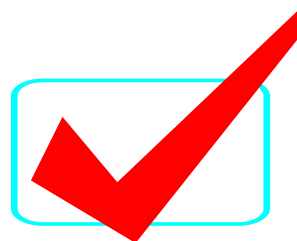
Do's and Don'ts When Assisting With Medication

It's important to:

- Check and compare at least twice the pharmacy label with (a) the person and (b) the Medication Log.
 - Check for RIGHT Person, RIGHT Medication, RIGHT Dose, RIGHT Time, and RIGHT Route.
 - Stay with person until you are sure he/she has taken the medication.
 - Immediately initial the Medication Log.
 - Ask for help from the prescribing physician or pharmacist if you are unsure about any step in the preparation of, assistance with, or documentation of medications.
2. Again check the medication label to assure the ordered dosage has been removed from the container.
 3. When assisting the person who is taking the pills, always provide a glass of water. If pills are not taken with liquids they can irritate the throat and intestinal tract and they may not be correctly absorbed. Again, check the pharmacy label. Some medications must be taken with FOOD, and there may be other special instructions.
 4. If someone has problems taking pills:

For medications in tablet or capsule (pill) form

1. Pour (or punch out, if bubble pack) the correct dose into the bottle cap and THEN into the container used for holding the tablets or capsules before the person takes them. (If too many pills pour out, return the pills from the bottle cap into the container. If using a bubble pack, punch out the covered dose into the container. It is important not to touch the tablets or capsules returned to the container. Doing so may contaminate the medication that remains in the bottle.)
- Taking a small sip of water before placing the pill in the mouth can make swallowing the pills easier.
 - Tilting the head forward slightly, taking a drink of water and swallowing is often helpful. (Throwing the head back may increase the risk of choking.)



Some Reminders

General reminders:

- NEVER crush any kinds of tablets unless the prescribing physician has given specific directions to do so.
- DO NOT open capsules and empty out the contents.
- Altering the form of capsules or tablets may have an impact on their effectiveness by changing the way a person's body absorbs them. If there is any question about what is safe to do, contact the prescribing physician or pharmacist.
- Some foods can change the way certain medications work. Read the medication label, it may tell you what to avoid.

For liquid medications:

1. Check the label for any directions to "shake well" and do so if indicated.
2. Remove the cap from the bottle and place it upside down on the work surface.
3. The liquid medication should come with a measuring device such as a spoon or cup. If there is no measuring device available, check with your pharmacist or physician to determine exactly how the medication should be measured. Be sure to use a cup with markings, or specially-designed spoon with markings, or a fluid syringe

(without needle) with clear markings, when taking teaspoons and tablespoons of a liquid medication. Regular eating spoons (metal or plastic) are simply not accurate enough.

4. Locate the marking for the ordered amount on your medicine cup or other measuring device. Keeping your thumbnail on the mark, hold the cup at eye level and pour the correct amount of medication. (Accuracy is important, so you may want to place the cup on a flat surface to pour and measure. Pour the medication away from the label to prevent staining same with any spills.)
5. If too much liquid is poured, do not return it to the bottle — discard it.
6. After pouring the medication, double check that the amount is the amount that has been indicated on the label.
7. Wipe the lip of the bottle with a clean, damp paper towel before replacing the cap.
8. If any liquid is spilled on the outside of the bottle, also wipe with a clean paper towel.
9. Provide water after the liquid has been swallowed. Again, check the pharmacy label for any special instructions.
10. Wash the measuring device with warm water and air dry on a paper towel.

For other types of medications

When assisting an individual with other types of medications such as topical creams and ointments, ear drops, nose drops, eye drops, consult with the prescribing physician, and the pharmacist for specific procedures for self-administration of the medication.

Other “Do’s” and “Don’ts”

- One person should be assigned to assist individuals with medications at a given time. If more than one person has these duties, check orally with one another before assisting with medications, in the off chance that the other person gave the medications but failed to mark it down.
- Ask the physician (and pharmacist) to give you the medicine in the proper form for the individual based upon their needs and preferences.
- Only initial the Medication Log for dosages of medication for which you personally have provided assistance.
- Never write on a drug label. Do not alter a drug label in any way. If a sticker (for example, Change; date: _____) is affixed, make sure it doesn’t obscure the label.
- If, in opening a new container, the new medication is different from the old (in shape, size, color, etc.), don’t give it until you have determined the reason for the difference. It could be a drug dispensing error!
- Watch carefully for and document all adverse reactions and other side effects, especially with new medications or change in dose.
- If a person misses a dose, check with the individual’s physician, and get directions on what to do. Don’t double up the next time the drug is taken.
- While licensing regulations permit the set up of medications up to 24-hours in advance, there are many potential problems with this practice. It is advised to set up medications immediately before assisting individuals with medications.
- Never hand a medication to one person to pass on to another.

What If a Person Refuses to Take Their Medication?

An individual has the right to refuse to take their medication. If an individual refuses to take their medication, ask them why. **Do not try to crush or hide the medication in the person's food in order to get the individual to take the medicine.** It is the DSP's responsibility to work with the individual and to support them to take their medicines. Individuals may resist taking medication for a variety of reasons. The following is a list of some common reasons why a person might refuse to take their medication and a suggestion on how to assist them.

REASON	SUGGESTION
Unpleasant taste	Use an ice cube to numb the taste buds for a few minutes before person takes medication. Provide crackers, apple, or juices afterwards to help cover up bad taste. Ask the prescribing physician about a different form of medication or a different medication.
Unpleasant side effect (e.g. Drowsiness)	Ask the prescribing physician about the person taking the medication at a different time (e.g. before bedtime), changing medication, or treating the side effect.
Lack of understanding	Provide simple reminders on what the name of the medication is and what the medication does. "This is Lasix, your water pill."
Denial of need for medication	Discuss need, but do not argue. It may help to show the person a statement written by the physician, for example, "Alma, you take your heart medication every day."

After you have discussed with the individual why he/she refused to take their medications, you need to document the refusal and bring it to the attention of the prescribing physician right away to help develop a plan that makes sense for the individual, given their health care needs. The dose should be set aside and destroyed in an acceptable way. (More on this matter, later.)

What if the person needs medication while away from the home?

The DSP may package a single dose for each of the medications needed that day (but no more) to be taken at work, day program, or elsewhere (home visit). With the physician's approval in writing, the medication can be carried by the individual who will take it. Otherwise, the medication is to be given to a responsible party in an envelopes (or similar containers) labeled with:

- The facility's name and address;
- The individual's name;
- Name of the medication(s); and
- Instructions for assisting with self-administration of the dose.

If a person will always be taking a dose of medication at school or a day program, tell the physician and pharmacist. The pharmacist should be able to provide separate medication for use at the school or day program.

"As needed" (or PRN) medication

Some medications may be ordered by the physician to be taken as needed (PRN). Medications for headaches, constipation and upset stomach are some examples that may fall into this category. There should be specific written instructions from the physician regarding when, and under what conditions the medication should be administered.

Both the physician's order and the pharmacy label must specify the symptoms, exact dosage, minimum time between doses (e.g., "may repeat every six hours"); and (4) maximum dosage over 24

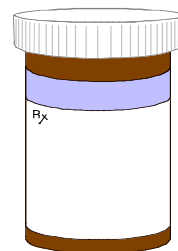
hour period (e.g., "not to exceed 4 caps over 24 hours"). Many **bad things** that happen are the result of drug errors. The physician also needs to document the individual's ability to relate symptoms and the documentation must be in the individual's record.

If, if the written judgment of the physician, an individual has the ability to relate symptoms ("I have a headache") and communicate that he or she wants to take medication ("I want two aspirin"), staff in a Community Care Facility may assist a person with the medication. Otherwise, staff need to contact the physician before each dose.

What to do if a medication error does occur

Many **bad things** that happen are the result of medication errors. The DSP's job is to do the very best in assisting individuals to get the benefits of medications, while minimizing adverse effects. A medication error has occurred when:

- The wrong person took the wrong medication.
- The wrong dosage was taken.
- A medication was taken at the wrong time.



Resource Guide

- A medication was taken by the wrong route.
- A medication was not taken at all.

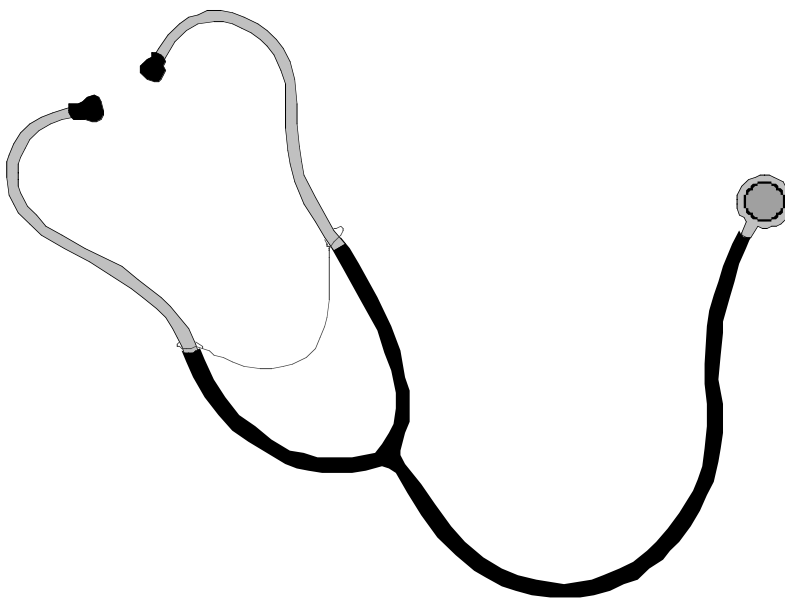
Every medication error is potentially serious and could be life-threatening. If an error does occur, it must be reported immediately to the prescribing physician, and necessary action taken. The error must be recorded and the policies of your care home followed.

Remember, you can prevent medication errors by:

1. Staying alert, and always observing the “Five Rights” of medication assistance.
2. Avoiding distractions when preparing, assisting and documenting medication.
3. Being knowledgeable about medications.
4. Asking for help from the prescribing physician if you are unsure about any step in preparing, assisting and documenting medications.

Requirements for assisting with medications in statute and regulation

In California the licensing law and regulations are very specific regarding requirements for assisting with medications. Some of the laws and regulations are different based upon the age of people living in the home and the licensing category of the home, for example, Adult Residential Facility or small family home. Refer to the Information Brief entitled “Assisting With Medications from A to Z” for a summary of both best practices and statutory and regulatory requirements.



Information Brief

Monitoring the Effects of Medication

Physical and behavioral changes that are due to the effect of a medication are often difficult to sort out from those that are not due to medication. There may be many different reasons for the same sign or symptom. A change in behavior may be due to a medication change or a change in the person's environment. A sore throat may be one of the first symptoms of a cold or may be an adverse effect of a medication.

Interpretation (deciding the meaning) of a sign or symptom is the responsibility of a physician. Your responsibility as the DSP is to consistently and accurately observe, report and record any change in physical conditions or behavior. It is also your responsibility to give the appropriate care to the person in the meantime if it is an emergency or potentially health-threatening condition.

Monitoring for Adverse Reactions and Other Side Effects

Know what medications are being used by people in the home where you work and learn about them. Know what possible side effects may occur, and be sure to ask the physician what kind of reactions should be brought immediately to his/her attention. Write these down, and be sure everyone knows what to do, and does what they are supposed to do.

Watch for intended and unintended consequences of the medication, document, report to the prescribing physician, and following the physician's directions to continue, change, or discontinue the medication. It is particularly important to watch for side effects when a new drug is being taken, or a dose increased.

What To Tell The Physician

The following is a basic guideline for assisting staff in assuring important basic information is given to the physician when calling regarding a person with a suspected reaction to medications:

- Inform the physician about current medications.
- Describe how the person looks (pale, flushed, tearful, strange facial expression).
- Any changes in behavior or level of activity (excited, lethargic, confused).
- What does the person say is wrong?
- What hurts?
- When did the symptoms first start?
- Is the person eating or drinking - good appetite or no appetite.

- Any vomiting, loose stools, problems urinating?
- If qualified, obtain and provide pulse, temperature, and blood pressure.
- Let the physician know if there is any recent history of the person having similar symptoms, any other recent injury or illness, any chronic health problems.
- Any allergies to food, medication, etc.

More About Adverse Reactions and Side Effects

While some unintended effects of some drugs are trivial or minimal, others may produce effects that cause serious impairment to health (Gadow, 1986). Adverse reactions or side effects are unintended effects that are especially serious, causing injury, illness, or even death in some cases. Here are examples of unintended effects of drugs prescribed for epilepsy:

- Sleepiness, lethargy, cognitive impairment, altered gait, seizure breakthrough, and memory loss. These side effects are typically related to the amount of the dose.
- Diarrhea; gum changes (growth and swelling); weight gain; and hair loss or growth.
- Liver/kidney dysfunction, hyperactivity, aplastic anemia, allergic response.

Adverse reactions or side effects can occur at any time during the course of the drug therapy. Some mild side effects may disappear on their own after a short period of time. Others will persist for the entire length of drug therapy, and sometimes beyond.

Written material should come with every new medication. Pharmacists are supposed to talk with each person receiving a new medication (or change in dose), but you may have to ask questions and request written material. Don't be bashful. Pharmacists often have more working knowledge about drugs, side effects, and interactions than prescribers. Asking both the physician and the pharmacist is a good idea, because that strategy makes use of "checks and balances" within the system of health care.

Drug Interactions

Adverse reactions or side effects may be caused by interactions between two or more drugs and by interactions between drugs and food and drink. In taking any kind of pills, it is best to take the with water. Graedon & Graedon (op.cit., p. 51) introduce their chapter on food and drug interactions with this statement: "Who would ever guess that taking your blood pressure medicine with grapefruit juice instead of orange juice could make you sick? Or that licorice could be lethal when eaten with Lanoxin or Lasix? How could cheddar cheese, pepperoni pizza, or pickled herring combined with an antidepressant create a hypertensive crisis? Yet all of these interactions are real and could lead to disaster."

Beer, Wine, and Other Alcohol

Adverse reactions or side effects may also be caused by mixing drugs and alcohol. Alcohol in combination with any of the following is especially dangerous:

- Anti-anxiety drugs, such as LIBRIUM, VALIUM, OR XANAX;
- Antidepressants;
- Anti-seizure medicines;
- Antihistamines;
- Ulcer and heartburn drugs, such as ZANTAC and TAGAMET; and
- Heart and blood pressure medicines, such as the calcium channel blockers CALAN, ISOPTIN, and VERELAN.

Checking serum levels, by analyzing the concentration of drugs in a person's blood, can be important. A physician's orders for lab test and follow up appointments must be kept. The results will indicate whether the drug is within the therapeutic range, below that range, or above that range. If below the therapeutic range, the drug may not be doing any good. If above the range, it may be toxic or have bad effects for the individual (e.g., slurring of speech). Serum level tests will help the physician determine the effectiveness of the medication and future course of action.



Following Physician Orders for Tests

Some drugs (e.g., lithium, carbamazepine, even TYLENOL, an over-the-counter pain reliever) have rather narrow therapeutic ranges, and can be toxic (and cause damage) above a certain level in a person's blood, especially if taken for a long period of time. Then, too, individuals respond differently, some metabolizing such drugs slower (or faster) than others. For this reason, physicians sometimes start a new medication at low therapeutic doses, and increase these in response to signs of a positive effect (e.g., reduction in seizures; better sleep patterns; etc.).



Example of a Written Insert to Accompany a Drug Dispensed by the Pharmacist

Medication: Dilantin (Phenytoin - Oral)

USES: This medication is used to treat seizures and epilepsy.

HOW TO TAKE THIS MEDICATION: Take with food or milk if stomach upset occurs. Capsules should be swallowed whole unless otherwise directed. The tablets must be chewed thoroughly before swallowing. The suspension must be shaken well before measuring each dose. This medication must be taken as prescribed. Do not stop taking this drug suddenly without consulting your doctor as seizures may occur. It is important to take all doses on time to keep the level of medication in your blood constant. Do this by taking doses at the same time(s) each day. Do not skip doses. While taking this medication, lab tests may be done, especially in the first few months, to check if the drug is working properly.

SIDE EFFECTS: May cause drowsiness, dizziness, or blurred vision. Use caution performing tasks that require alertness. Other side effects include stomach upset, headache, muscle twitching or sleep disturbances. These should subside as your body adjusts to the medication. Notify your doctor if seizures occur or if you develop severe nausea and vomiting, joint pain, swollen or tender gums, sore throat, uncoordinated movements, unusual bleeding or bruising, uncontrolled side-to-side eye movements or skin rash while taking this medication. May cause enlargement of the gums. This can be minimized by maintaining good oral hygiene with regular brushing, flossing and massaging of the gums.

PRECAUTIONS: This drug should be used during pregnancy only if clearly needed. Discuss the risks and benefits with your doctor. Small amounts of phenytoin appear in breast milk. Consult with your doctor before breast-feeding. Use of alcohol and other sedative type medications can lead to extreme drowsiness. Try to limit their usage. This medication may decrease the effectiveness of oral contraceptives. Consult your pharmacist or doctor about other methods of birth control. Be sure your doctor knows your complete medical history.

DRUG INTERACTIONS: Inform your doctor about all the medicine you use (both prescription and non-prescription) especially if you take "blood thinners" (Coumadin), cimetidine (Tagamet) for stomach problems, disulfiram (Antabuse) for alcoholism, oral antifungal medication or xanthine drugs (theophylline) to treat asthma as your dose may need to be adjusted. Limit your caffeine usage.

NOTES: It is recommended to wear or carry medication identification indicating you are taking this drug. Do not change from one brand of this product to another without consulting your doctor or pharmacist. Products made by different companies may not be equally effective.

MISSED DOSE: If you miss a dose and take 1 dose daily: take as soon as remembered unless you do not remember until the next day. In that case, skip the missed dose and resume your usual dosing schedule the following day. If you take several doses daily and should miss a dose: take as soon as remembered unless it is within 4 hours of the next dose. In that case, skip the missed dose and resume your usual schedule. Check with your doctor if you miss doses for more than 2 days in a row. Do not double the dose to catch up.

STORAGE: Store at room temperature away from moisture and sunlight. Do not store in the bathroom.

Activity: Asking the Physician and Pharmacist, a Safety Check

Name	Dose (e.g., ____ mg) and form (e.g., tabs)	When to take each dose?	For how long?
Brand: _____ Generic: _____			

1. What is the medication supposed to do?
2. How long before we will know it is working or not working?
3. What about serum (blood) levels? Other laboratory work? How often? Where?
Standing order?
4. If I miss a dose, what should I do?

INTERACTIONS?

5. Should I take this medication with food?
At least one hour before or two hours after a meal?

☐ Yes ☐ No
☐ Yes ☐ No
6. Are there any foods, supplements (e.g., herbs, vitamins, minerals), drinks (e.g., alcoholic), or activities that I should avoid while taking this medication?
☐ Yes (Which ones?) _____
☐ No
7. Are there any other prescription or over-the-counter medications that I should avoid?
☐ Yes (Which ones?) _____
☐ No

SIDE EFFECTS? IF SO, RESPONSE?

8. What are common side effects?
9. If I have any side effects, what should I do? How do I know whether to go to the emergency, call you right away, or just make an appointment to see you?
10. If it is being prescribed for a long period of time, are there any *long-term effects*?

Information Brief

Correct Handling: Ordering, Storing, Recording and Destroying

Ordering

Some pharmacists provide extra services, and will package medications in ways that can be helpful. Bubble-packs are popular, but be sure you understand how each person's packet is to be used. It is a good idea to order refills about 7 days in advance of running out.

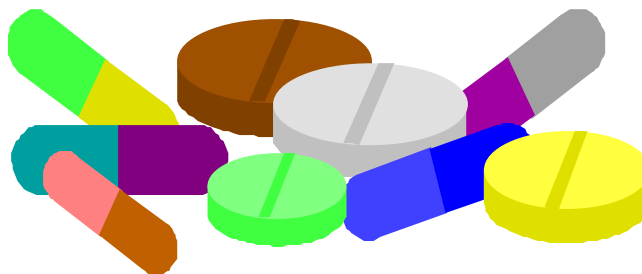
Storing

Medications must be stored appropriately. If an individual takes medication on his/her own with no assistance, the medication must be locked (for example, in a bedside, locked drawer or elsewhere), to keep it away from others. When medications are "centrally stored," they must be stored in locked cabinets or drawers. If a centrally-stored medication requires refrigeration, it must be in a locked container inside the refrigerator. If stored in the refrigerator, it's recommended that you use a thermometer and keep the refrigerator in the 36-40 degree range.

Recording

We have already talked about Medication Logs.

In addition, all drugs entering the home must be listed when they enter the home, and if a medication is discontinued, or if an "as needed" medication outlives its usefulness, or if a person leaves the home and does not take his/her medicine to the new residence, the medicine needs to be destroyed in the presence of another adult who is not a client, with appropriate entries made on LIC Form 622.



Activity: Medication Forms Exercise

Susan Anthony, age 8, lives at the *Molina Family Home*.

She has two prescriptions as follows:

Rx: 012345	Date
Dr. Mary Rodriguez	
SUSAN ANTHONY	
Sprinkle 4 caps over food & eat 2 times daily to prevent seizures.	
DEPAKOTE 125 MG Sprinkle CAP	
#300	Expires: 06/01 Refills: 1

Rx: 012346	Date
Dr. Mary Rodriguez	
SUSAN ANTHONY	
Take 2 tablets orally, 3 times a day.	
(May be crushed and taken with food.)	
LAMICTAL 25 MG TABLET	
#200	Expires: 01/02 Refills: 2

- On the blank **Medication Log Sheet** which follows, complete the first two columns for each prescription. In the first column, write in name of drug, strength, form (e.g. cap or tab), and dose at the time indicated in the second column. Assume breakfast is typically at 7am, Susan comes home from school and has a snack around 3pm, and Susan goes to bed about 9pm. In the first column, write in the name of the **medication** (e.g., LAMICTIL), **strength** and **form** (e.g., 25mg TABS), and **dose** (2 TABS), along with any “Do’s” or “Don’ts,” such as “Take with food.”
- On the page after the **Medication Log Sheet** is an excerpted LIC 622, *Centrally Stored Medication and Destruction Record*. Make entries on the Medication Administration Sheet and/or on LIC 622, based on the following information:
 - On the 5th, Mrs. Molina called in for a refill of the LAMICTAL, at Lucky’s Pharmacy, picking it up on the 8th, and starts using it on the 12th.
 - On the 17th, after Mrs. Molina reports some hand tremors, Dr. Rodriguez says, over the phone, to give Susan 2 Tabs of LAMICTAL, 2 times a day, rather than 3, at breakfast and dinner time.
 - On the 28th, after seeing Susan and Mrs. Molina at her office, Dr. Rodriguez orders discontinuation of the LAMICTAL entirely.

Molina Family Home, 123 Main Street, Any City, CA 90000 (Ph: 123-4567)

Insurance: ☐ Medi-Cal • ☐ Medicare • Insurance No. _____

Primary care physician:

Pharmacy: _____

Legend: Initials means given. Meds given at ... D=day program • H=Relative or friend's home • E=Elsewhere

Signatures & initials:

1-Relative of friend's name • E=Elsewhere for _____ for _____

Notes & comments: (Suggest color-coding times of day with light highlighter.)

Allergies

Penicillin

[illegible]

Information Brief

Common Medications and Their Uses

Drugs are classified into categories or classes with other medications that affect the body in similar ways. Many drugs, because of their multiple uses, can be found in more than one category. For instance, BENADRYL is classified as an antihistamine (e.g., to relieve allergy symptoms), but is also used as a sedative to promote sleep.

Thousands of medications are on the market, in many categories. Here is the way the *Nursing Drug Handbook* categorizes them:

Anti-infective Drugs (for example, antifungals; antibiotics; etc.);

Cardiovascular system Drugs (for example, antiarrhythmics; antihypertensives; etc.);

Central nervous system Drugs (for example, analgesics; sedative-hypnotics; anticonvulsants; antidepressants; antianxiety; antipsychotics; etc.);

Autonomic nervous system Drugs (for example, adrenergics; skeletal muscle relaxants; etc.);

Respiratory tract Drugs (for example, antihistamines; expectorants; etc.);

Gastrointestinal tract Drugs (for example, antacids; antidiarrheals; laxatives; etc.);

Hormonal Drugs (for example, estrogens and progestins; antidiabetic drugs and glucagon; thyroid hormones; etc.);

Drugs for fluid and electrolyte balance (for example, diuretics; acidifier and alkalizers);

Hematologic Drugs (for example, anticoagulants);

Antineoplastic Drugs (for example, alkylating drugs; antimetabolites; etc.);

Immunomodulation Drugs (for example, immunosuppressants; vaccines and toxoids; etc.);

Ophthalmic, Otic, and Nasal Drugs (e.g., ophthalmic anti-inflammatory drugs; nasal drugs; etc.);

Topical Drugs (for example, local anti-infectives; scabicides; topical corticosteroids);

Nutritional Drugs (for example, vitamins and minerals; caloric); and

Miscellaneous Drug Categories (for example, antigout drugs; enzymes; gold salts).

We highlight two categories on the following pages: *psychotropics* and *antiseizure* medications.

Psychotropics

Psychotropics are intended to affect thinking or feeling, and are taken by sizable numbers of people with developmental disabilities. Some of these medications, alone or alongside other interventions (e.g., talk therapy, desensitization), are used to treat psychiatric disorders, which can involve serious impairments in mental or emotional function that affects an individual's ability to perform normal activities and to relate effectively to others. These disorders are sometimes classed as (1) *mood disorders*, the most common of which are *depression* (lasting 2 weeks or more), which can mean feelings of hopelessness or even self-destruction, not wanting to eat or get out of bed in the morning, and the like, and *bi-polar disorder* (manic-depression), often marked by extremes in mood, from elation to deep despair, and/or manic periods consisting of excessive excitement, delusions of grandeur, or mood elevation; (2) *schizophrenia*, which can mean misinterpretation and retreat from reality, ambivalence, inappropriate affect, bizarre, withdrawn, or aggressive behavior, hallucinations (distorted sensory perceptions), and/or delusions (strange ideas or false beliefs, including paranoia); and (3) *anxiety disorders*, such as *generalized anxiety disorder* or *obsessive-compulsive disorder*, which are typified by tension, fear, apprehension, discomfort, and distress.

Commonly used *psychotropic medications* include:

- ESKALITH (lithium), which is often used for treatment of bi-polar disorder, under very carefully controlled conditions, because the therapeutic dose and the toxic dose are quite close together and, therefore, frequent blood tests are needed.
- Major tranquilizers (phenothiazines), including THORAZINE (chlorpromazine), HALDOL (haloperidol), PROLIXIN (fluphenazine), SERENTIL (mesoridazine), MELLARIL (thioridazine), RISPERDAL (risperidone) and others, used for various psychoses, anxiety, severe behavior problems, or acute agitation.
- Antidepressants of various kinds, including tricyclic ones (ELAVIL, TOFRANIL, and NORPRAMIN, among others); WELLBUTRIN (bupropion); and newer antidepressants, such as the serotonin reuptake inhibitors PROZAC (fluoxetine), ZOLOFT (sertraline), PAXIL (paroxetine), and LUVOX (fluvoxamine).
- *Anti-anxiety agents*, such as XANAX (alprazolam), BUSBAR (buspirone), LIBRIUM (chlordiazepoxide), VALIUM (diazepam), or ATIVAN (lorazepam), are used to combat anxiety disorders of various kinds, often with other approaches (desensitization; thought-stopping techniques).

Side effects and interactions. –

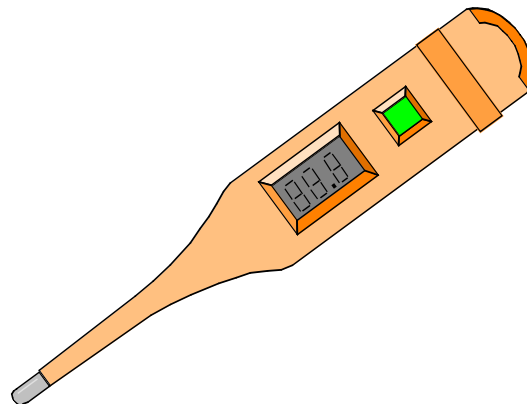
Earlier, we discussed common side effects, and some of the interactions to be aware of. The DSP needs to know what to look for, and to be observant in recognizing and documenting all changes that could possibly be related to taking a medication (especially a new one, or a different dose). And, he/she needs to know what to do, when an adverse effect is noted. Clearly, if a person's temperature rises, sweating occurs, breathing becomes difficult or labored, one must take action right away, and talk with the physician or get to the Emergency Room at the local hospital.

Anti-seizure Medications

Some common ones. – Prior to discovery of DILANTIN (phenytoin) in 1938, bromides and barbiturates, such as phenobarbital, were about the only drugs available to treat seizures. Today, one anti-epileptic drug (monotherapy) controls seizures acceptably (i.e., prevents generalized seizing) in about 70% of new cases. Often the drug is either TEGRETOL (carbamazepine) or DEPAKOTE (valproate acid), relatively new, less sedating anti-seizure medications. Compared with one-drug therapy, two-drug adds 10%; three-drug therapy another 5%.² NEURONTIN (gabapentin) and LAMICTAL (lamotrigine) have shown promise. FELBAMATE, approved by FDA in 1993, showed promise where an individual experienced one or more

seizures a day, but there are serious risks in terms of aplastic anemia and liver failure, and therefore it is used only as a last resort.

Side effects and interactions. – A number of prescription and over the counter medications (for example, antipsychotics, Ibuprofen, pseudoephedrine), as well as alcohol and illicit drugs (for example, cocaine, amphetamines) may lower the “seizure threshold,” or increase the likelihood of a seizure. Most anti-convulsants have central nervous system effects (for example, dizziness, sedation, mood changes, nervousness, fatigue), including effects on thinking (especially phenobarbital). Many anti-convulsants, when taken with other drugs in the same or different categories, *interact*, that is, affect the amount, usefulness, or impact of each other. Some anti-convulsants deplete vitamins, and therefore the person may need a multivitamin supplement and extra folic acid. Be sure to ask the physician or pharmacist. The physician may not have thought about this nutritional issue until you brought it up.



² Study cited by McGowan & McGowan, *Assessing Health Risk in Developmental Disabilities* (1995), p. 4-10.

Medications and the DSP: Some Concluding Thoughts

The central task of the DSP is to assist with the taking of medications. Equally important is paying close attention to *changes* in behavior, thinking, and symptoms that occur with the introduction of the medication (or a change in dosage), documenting those changes, and otherwise acting on them. If a serious adverse reaction occurs, one must contact the prescribing physician, **911**, or take the person to the emergency room for treatment. Other, more minor changes should be brought immediately to the attention of those responsible for the home. **When in doubt, always err on the side of caution.**

Health care is a team enterprise, with the physician quarterbacking the team. Others, including the pharmacist and nurses, can help a great deal. Seek them out, and ask them for advice in handling anything you are not sure of. They are there to help, and they typically want to help.



Information Brief

Assisting with Medications A to Z

Medication handling represents an area of great responsibility. If not managed properly, medications intended to help a person's health condition may place that individual's health and safety at risk. The information contained in this portion of the training represents medication procedures you are required by regulation to perform, and some procedures not required by regulation, which if implemented will provide additional safeguards in the management of medications in your community care home. If you operate or work in a community care facility (CCF), the specific medication regulation you must comply with are sections 80075 (h)-(j). If you operate a Residential Care Facility for the Elderly (RCFE), the specific medication regulations you must comply with are sections 87575 (c)-(e). (**Adapted from** Community Care Licensing Technical Support Publication.)

What you (Direct Support Professionals/DSP) should do when:

1. Individual moves into home

- Contact physician to ensure physician is aware of all medications currently taken by the individual.
- Verify medications that are currently taken by the individual and instructions for taking the medications.
- Inspect containers to ensure the labeling is accurate.
- Log medications accurately on forms for individual records. (Centrally-Stored Medication Log).
- Discuss medications with the individual, if possible, or the responsible person/authorized representative.
- Store medications in a locked cabinet, drawer, etc.

2. Medication is refilled

- Communicate with physician or others involved in refilling the medication.
 - Never let medications run out unless indicated by the physician.
 - Make sure refills are ordered promptly (if less than 7 days supply it's time to reorder).
 - Inspect containers to ensure all information on the label is correct.
 - Note any changes in instructions and/or medication; for example, change in dosage, change to generic brand etc.
 - Log medication when received.
 - Discuss any changes in medications with individual, and appropriate staff.
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| 3. Physician changes dosage between refills | <ul style="list-style-type: none">• Communicate with the physician; document in writing the date, time and content of the discussion.• Prescription labels are not to be altered by facility staff.• Have dispensing pharmacist relabel container or have new prescription filled.• Have a facility procedure, for example a card file, notebook, and/or cardex and a flagging system to alert all staff of change.• Discuss changes in medication with the resident, staff and responsible person/authorized representative. |
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| 4. Medication is discontinued | <ul style="list-style-type: none">• Confirm discontinuation of medication with the physician.• Discuss discontinuation of medication with the individual and/or responsible/authorized representative.• Obtain written documentation of the discontinuance from the physician, prior to destroying, or document the date, time, and person talked to in the resident record. Check with local community care licensing office for information regarding disposal of medications. Some local areas have different requirements for disposals because of environmental concerns.• Medication is to be destroyed by facility administrator or designee, and one other adult who is not a resident.• Destroy medications at facility site.• Sign record/log for destruction of medications. |
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|---|--|
| 5. Medication is temporarily discontinued by physician | <ul style="list-style-type: none">• Medications temporarily discontinued by the physician may be held by the facility and must be centrally stored.• Discuss change with the resident and/or responsible/authorized representative.• Have a written order from the physician to HOLD the medication, or document in the individual's record the date, time and name of person talked to regarding the HOLD order.• The physician order (verbal or in writing) should include a date when the medication is to be resumed.• Without obscuring or altering the label, mark or identify in a consistent manner medication containers that have HOLD orders. For example place in a zip lock bag labeled HOLD. |
|---|--|
-

6. Medication reaches expiration date	<ul style="list-style-type: none">• Check containers regularly for expiration date.• Communicate with physician and pharmacy promptly.• Do not use expired medication.• Remember over-the-counter medications and ointments have expiration dates (for ointments the expiration date is usually at the bottom of the tube).• Destroy medications at the facility site according to regulations.• Log/record destruction as required.
7. Individual moves, dies, or leaves medication behind	<ul style="list-style-type: none">• Medication is to go with the individual when possible.• If the individual dies, the medication is to be destroyed.• Log/record the destruction as required.• Document when medication is sent with the individual.• Obtain the signature of the person accepting the medications.• Maintain medication records for at least 3 years (RCFE) and 1 year (CCF).
8. Individual refuses medications	<ul style="list-style-type: none">• No individual can be forced to take any medication. An individual has the right to refuse treatment.• Medication cannot be disguised in food or liquid.• Refusal of medications should be documented on the individual medication record, and the prescribing physician notified immediately.• Refusal of medications may indicate a change in the individual that may require a reassessment of his/her needs.
9. Medications are PRN or “as needed”	<p><i>The DSP may assist the individual with self administration of prescription and nonprescription medication when:</i></p> <ul style="list-style-type: none">• The physician has stated in writing that the individual can determine and clearly communicate the need for a prescription or nonprescription PRN medication.• The physician provides a signed, dated, written, order on a prescription blank which is maintained in the individual’s file.• The physician order and the PRN medication label specify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24 hour period.

The DSP may also assist the individual with self-administration of nonprescription PRN medication when the individual cannot determine his/her need for a nonprescription PRN medication, but can communicate the symptoms clearly, when:

- The physician has stated in writing that the individual cannot determine his/her need for nonprescription medication, but can communicate his/her symptoms clearly.
- The physician provides a signed, dated, written order on a prescription blank which is maintained in the individual's file.
- The written order identifies the name of the individual, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for re-evaluation.
- The physician order and the PRN medication label specify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24 hour period.
- A record of each dose is maintained in the individual's record, and must include the date, time and dosage taken, and the individual's response to the medication.

**9. Medications are
PRN or "as needed"**

The DSP may also assist the individual with the self-administration of his/her prescription or nonprescription PRN medication when the individual cannot determine his/her need for a prescription or nonprescription PRN medication, and cannot communicate his/her symptoms when:

- The DSP contacts the individual's physician before giving each dose, describe the individual's symptoms, and receive direction to assist the individual with each dose.
- The date and time of each contact with the physician and the physician's directions are documented and maintained in the individual's record.
- The physician provides a signed, dated, written order on a prescription blank which is maintained in the individual's record.
- The physician order and the PRN medication label specify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24 hour period.
- A record of each dose is maintained in the individual's records and includes the date, the time, and the dosage taken, and the resident's response to the medication.

Small family home DSPs may assist a child with prescription or nonprescription PRN medication without contacting the child's physician before each dose when the child cannot determine and/or communicate his/her need for a prescription or non prescription PRN medication when:

- The child's physician has recommended or prescribed the medication and provided written instructions for its use on a prescription blank.
- Written instructions include the name of the child, the name of the PRN medication, instructions regarding when the medication should be stopped and an indication when the physician should be contacted for reevaluation.
- The physician order and PRN medication label specify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses allowed in a 24 hour period.
- The date, time, and content of the physician contact made to obtain the required information is documented and maintained in the child's record.
- The date, time, dosage taken, symptoms for which the PRN medication was given and the child's response to the medication are documented and maintained in the child's records.

9. Medications are PRN or "as needed"

10. Sample Medications

- Sample medications may be used if given by the prescribing physician.
- Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

11. Medication Storage

- All medications including over-the-counter, must be locked at all times.
- All medications must be stored in accordance with label instructions.; refrigerate, room temperature, out of direct sunlight, etc.
- Medications in the refrigerator need to be locked in a receptacle, drawer or container, separate from food items.

12. Over-The-Counter Medications

- Over-The-Counter preparations can be dangerous; for example aspirin, vitamins, etc.
- Over-The-Counter preparations must be centrally stored, to the same extent that prescription medications are centrally stored.
- There must be a physician's order for any Over-The-Counter medications taken by an individual. The physician provides a signed, dated written order on a prescription blank which is maintained in the individual's record.
- Individual's name should be on the Over-The-Counter medication container, when:
 - * Over-The-Counter medication purchased for that individual's safe use.
 - * Over-The-Counter medication purchased by individual's family.
 - * Individual's personal funds were used to purchase the medication.

13. Medication for Home Visits, Outings, Etc.

- When an individual leaves a facility for a short period of time, during which only one dose of medication is needed, the facility may give the individual's medication to a responsible person/authorized person in an envelope or similar container labeled with the facility's name and address, individual's name, name of medication, and instruction for administering the dose.
- If the individual is to be gone for more than one dose period the facility may:
 - * Give the full prescription container to the resident or responsible representative.
 - * Have the pharmacy fill a separate prescription, or separate the existing bottle into two bottles.
 - * Have the individual's family obtain a separate supply of the medication for use when the individual visits the family.
- If it is not safe to give the medication to the individual, it should be entrusted to the person who is escorting the individual.
- If medications are being sent with the individual, check the Physician's report (LIC 602) to ensure that they are given only to individuals whose physicians have indicated they may control their own medications.

Reference: Community Care Licensing Division Self Assessment Guide to Medications (Technical Support Program TSP 8/1997)

Answers to In-Class Review

- 1. What are the Five Rights to be followed when assisting individuals with medication?**

Right person;
Right medication;
Right time;
Right dose; and
Right route (e.g., oral).

- 2. Is it ever okay to package up a dose of medicine to be taken when away from the home?**

Yes, it is permissible for a single dose, so long as the envelope or other container carries the following information:

- the facility's name and address;
- the resident's name;
- name of the medication(s); and
- instructions for administering the dose.

The facility's phone number should also be listed, to aid in communication. If the individual has more than one medication that needs to be taken when away from home, the same information applies to each medication.

- 3. When can "as needed" medicine, including over-the-counter remedies, be administered?**

One needs a physician's order, which indicates dose, how long before a second (or third, fourth) dose is given, maximum dose over twenty-four hour period, when to stop, and when to contact physician for reevaluation. A record must be kept of "as needed" medications given, what the medication is for, and if the person cannot determine need and cannot communicate symptoms clearly, staff (except in small family homes for children) need to contact the physician for instructions before each dose.

- 4. In your own words, what is an adverse drug interaction or side effect? How should you respond?**

A drug interaction occurs when one drug (or other substance) affects another, either limiting its effect or strengthening its effect. Unintended effects are either serious (causing injury, risk of death, illness) or relatively minor and often transitory. The former are called adverse reactions. The latter constitute other side effects.

5. It is important to communicate with physicians, pharmacists, nurses and other health care professionals about an individual's medications?

☒ True ☐ False

6. It is important to have a system to communicate changes in an individual's medication to DSPs and to the individual.

☒ True ☐ False

7. Medications are one of the most potentially dangerous aspects of providing services and supports to individuals living in the home where you work.

☒ True ☐ False

8. You need to know and be aware of potential side effects of medications.

☒ True ☐ False

9. You need to know about and watch for potential adverse reactions or side effects of medications.

☒ True ☐ False

10. Best practices includes documentation of each dose of both prescription and non-prescription (over-the-counter) medications?

☒ True ☐ False

If You Want to Read More About Wellness (Medication)

The American Pharmaceutical Association's Guide to Prescription Drugs

by Donald Sullivan, Ph.D., R.Ph. (1998); A Signet Book; ISBN: 0451199438

Written in clear, easy-to-understand language, and organized alphabetically, this book provides the most up-to-date information you need to know about the most commonly prescribed drugs.

Wellness Digest, Vol. 1, No. 2

by California Department of Developmental Services (n.d.); The Department

This issue is devoted to Medication Administration. Ed Anamizu, PharmD., served as consulting editor, and was assisted by Mary Jann, R.N. Both have extensive background and experience with medications usage by people with developmental disabilities.

Self-Assessment Guide: MEDICATIONS

by the Technical Support Program, Community Care Licensing Division, California Department of Social Services

This short document provides a quick review of relevant Title 22 regulations, along with best practice ideas.

Dangerous Drug Interactions: The People's Pharmacy Guide

by Joe Graedon & Teresa Graedon (1999); St. Martin's Press revised edition; ISBN: 0312968264

This book summarizes much of what is known about drug interaction, not only with other medications (both prescription and Over-The-Counter), but with foods, vitamins and minerals, herbs, and alcohol. One chapter on drug interactions of particular interest to women, children, and the elderly. Excellent index. Dean Edell, M.D., Medical Journalist in San Francisco, says: "At last, someone has tackled this most complex and critical area. Only the Graedons could make this clear and understandable. A 'must have' for anyone interested in their health."

FDA Tips for Taking Medicines: How to Get the Most Benefit with the Fewest Risks
by U.S. Food and Drug Administration (n.d.); reprint Publication No. FDA 96-3221.

Write FDA, 5600 Fishers Lane, Rockville, MD 20856, Attn: HFE-88 (for single copy, which is free). This reprint includes a patient check-off chart for help in taking medications at the right time. Special sections advise patients on medications while in the hospital, protection against tampering, medication counseling, and tips for giving medicine to children.

Food and Drug Administration
<http://www.fda.gov>

This site has information about FDA activities and a variety of other information, such as drug testing, newly approved drugs, drug warnings, etc. It also has the FDA Consumer, the agency's official consumer magazine. Some specific pages to check out at this site are: "Making it Easier to Read Prescriptions," "FDA Proposes Program to Give Patients Better Medication Information," and "Tips for taking Medication."

Health and Wellness Reference Guide

by Smith Consultant Group and McGowan Consultants; developed for the Commission on Compliance, State of Tennessee (July 1998)

This is an excellent general reference for nurses and others working with DSP in various settings.

Homework Assignment for Session #5: Community Resources - Health & Safety

Directions: DSPs are to pair up, choose a person or organization, and learn (by telephone, personal interview, or just stopping by the place) what that individual or organization can provide in terms of information or other services that might meet a health or safety need of people living in the home where you work. Call around and see if you can find an appropriate resource. Individuals and organizations can be identified in the Yellow Pages under such headings as:

Safety Equipment

Health Care Services

First Aid and Safety Instruction

Health Clubs

Safety Consultants

Weight Control Services

Waste Disposal—Hazardous

Fire Alarm Systems

Waste Disposal—Medical and Infectious

Fire Extinguishers

First Aid Supplies

Clinics

Hospitals, nursing homes

YMCA, YWCA

Fire Department

Red Cross

Social Service Organizations, such as American Heart Association, American Diabetes Association, American Cancer Society, etc.

College, University, or Regional Occupational Centers and Programs

Any other person/organization that contributes to health or safety.

A health or safety topic addressed by a phone service. (NOTE: In the Los Angeles area, this can be found in the telephone book. Kaiser Permanente also has such a service.)

On the next page, you will find a set of basic questions to ask. Please jot down a summary of what the person you spoke with had to say.

Homework Assignment for Session #5: Learning About Local Health and Safety Resources

Name of Organization or Person Contacted: _____

Type of Business/Organization: _____

Note: First, say who you are and why you are calling. For example, My name is ... and I have a class assignment to learn more about health and safety resources in my community. I'd like to ask you a few questions.

1. What services do you provide?
2. Who are your customers? Who uses your services and why?
3. Are your services accessible to people with disabilities?
4. How does your business/organization contribute to good health and reasonable safety for people living in our community?

Note: Close by thanking the person you spoke with.

